

Medical and Prescription (Monthly Rates)

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$596.00	\$31.00	\$627.00	\$639.54	
Individual + Spouse/Domestic Partner	\$596.00	\$596.00	\$1192.00	\$1215.84	
Individual + Child(ren)	\$596.00	\$470.00	\$1066.00	\$1087.32	
Individual + Family	\$596.00	\$947.00	\$1543.00	\$1573.86	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$596.00	\$0.00	\$596.00	\$607.92	
Individual + Spouse/Domestic Partner	\$596.00	\$537.00	\$1133.00	\$1155.66	
Individual + Child(ren)	\$596.00	\$417.00	\$1013.00	\$1033.26	
Individual + Family	\$596.00	\$871.00	\$1467.00	\$1496.34	
1,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$476.00	\$0.00	\$476.00	\$485.52	\$1440.00
Individual + Spouse/Domestic Partner	\$596.00	\$307.00	\$903.00	\$921.06	\$0.00
Individual + Child(ren)	\$596.00	\$213.00	\$809.00	\$825.18	\$0.00
Individual + Family	\$596.00	\$574.00	\$1170.00	\$1193.40	\$0.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$441.00	\$0.00	\$441.00	\$449.82	\$1860.00
Individual + Spouse/Domestic Partner	\$596.00	\$241.00	\$837.00	\$853.74	\$0.00
Individual + Child(ren)	\$596.00	\$153.00	\$749.00	\$763.98	\$0.00
Individual + Family	\$596.00	\$489.00	\$1085.00	\$1106.70	\$0.00
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$345.00	\$0.00	\$345.00	\$351.90	\$3012.00
Individual + Spouse/Domestic Partner	\$596.00	\$60.00	\$656.00	\$669.12	\$0.00
Individual + Child(ren)	\$586.00	\$0.00	\$586.00	\$597.72	\$120.00
Individual + Family	\$596.00	\$253.00	\$849.00	\$865.98	\$0.00

Optional Notes:
None

*The amount shown above is your annual employer HSA contribution.

See attached for all other ancillary products.

Ancillary Rates

BENEFIT		PROVIDER
Basic Life (Includes AD&D)		MetLife
Monthly Rates		
Cost per \$1,000		Cost Per \$50,000
\$0.113		\$5.65

BENEFIT		PROVIDER
Supplemental Life		MetLife
Monthly Rates		
Age	Cost per \$1,000	Age
Under age 30	\$0.071	50-54
30-34	\$0.091	55-59
35-39	\$0.101	60-64
40-44	\$0.111	65-69
45-49	\$0.161	70+
Child	\$0.162	

BENEFIT		PROVIDER
Prepaid Legal Program		MetLife (Hyatt Legal)
Monthly Rates		
High Plan	\$15.00	Covers employees looking for more robust coverage
Low Plan	\$7.50	Covers employees looking for a lower cost alternative

BENEFIT		PROVIDER
Worksite Benefits (Hospital Indemnity)		MetLife
Monthly Rates		
Employee:	\$14.60	
Employee + Spouse:	\$26.96	
Employee + Child(ren):	\$22.76	
Family:	\$35.12	

BENEFIT		PROVIDER		
Worksite Benefits (Critical Illness)		MetLife		
Monthly Premium for \$1,000 of Coverage				
Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children
<25	\$0.20	\$0.34	\$0.37	\$0.51
25-29	\$0.21	\$0.37	\$0.38	\$0.54
30-34	\$0.30	\$0.51	\$0.47	\$0.67
35-39	\$0.42	\$0.71	\$0.59	\$0.88
40-44	\$0.64	\$1.06	\$0.80	\$1.23
45-49	\$0.95	\$1.58	\$1.12	\$1.75
50-54	\$1.35	\$2.27	\$1.52	\$2.43
55-59	\$1.87	\$3.17	\$2.04	\$3.34
60-64	\$2.69	\$4.60	\$2.85	\$4.77
65-69	\$4.03	\$6.90	\$4.20	\$7.07
70+	\$6.25	\$10.46	\$6.42	\$10.63
BENEFIT		PROVIDER		
Worksite Benefits (Accident)		MetLife		
Monthly Rates				
Employee:	\$12.48			
Employee + Spouse:	\$25.34			
Employee + Child(ren):	\$25.81			
Family:	\$32.31			
BENEFIT		PROVIDER		
Pet Insurance		Nationwide		
Monthly Rates				
	With Wellness	Without Wellness		
Dog:	\$71.44	\$42.73		
Cat:	\$42.86	\$25.64		
*Estimated rates, pending Department of Insurance approval. Subject to change.				
BENEFIT		PROVIDER		
Identity Theft		Identity Guard with Watson		
Monthly Rates				
	Value Plan	Total Plan	Premier Plan	
Employee Only:	\$5.00	\$11.00	\$15.00	
Employee & Family:	\$9.00	\$20.00	\$27.00	

Upon selection, a more comprehensive overview of the benefits will be provided. If you have any questions, please contact your member advocate at 888.331.0222.